

# Restoration of Rights

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## Non-violent Offenders Application

### VIRGINIA RESTORATION OF RIGHTS APPLICATION FORM

Use this form to apply for restoration of civil rights.

To apply for restoration of rights, you must:

- Be a resident of Virginia, or
- Have been convicted of a felony in a Virginia court, a U.S. District Court, or a military court
- Have paid all costs, fines, and/or restitution associated with your convictions
- Complete a three year waiting period after all court obligations have been fulfilled – for nonviolent felony convictions, or
- Not have a conviction for DWI within the past five (5) years immediately preceding the application.

#### PLEASE READ CAREFULLY:

Persons who have been convicted of a *violent offense*, a *drug manufacturing or distribution offense* or an *election law offense* are not eligible for this process using this form.

Call (804) 786-2441 or go online to [www.commonwealth.virginia.gov](http://www.commonwealth.virginia.gov) to get the appropriate form.

If you do not have accurate information to complete this form, you may attach a certified copy of the order of conviction/sentence from the court. Provide the same information for each misdemeanor conviction after the most recent felony conviction.

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The Secretary of the Commonwealth will conduct a criminal history check on all applicants.

The civil rights restored through this process include the rights to:

- Register to vote
- Hold public office
- Serve on a jury
- Serve as a notary public.

The restoration of rights does not restore the right to possess a firearm.

The restoration of rights does not expunge a criminal conviction.

This is not a pardon. A person who has been convicted of a felony must first have his or her rights restored in order to be considered for a pardon.

The Governor has sole discretion to restore civil rights. There is no process for appealing his decision. Only complete and accurate applications will be considered and incorrect or misleading information may result in the denial of the application. A person who has been denied may not reapply for two years.

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**If you have any questions regarding this procedure, please call (804) 692-2531 or write to the address shown on this letter.**

Mail to: Restoration of Rights, Secretary of the Commonwealth, P.O. Box 2454, **Richmond, VA 23218**

Name as Known Now (Please Print): \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name as Convicted (Please Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Offense(s): \_\_\_\_\_

Court: \_\_\_\_\_ County/State: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ Date of Sentence: \_\_\_\_\_

Date of Release  
from Supervised  
Probation: \_\_\_\_\_

Original sentence as written in the conviction/sentence order on the date of sentencing:

Instructions: This affidavit must be ***signed in the presence of a notary public*** or other official empowered to administer an oath.

### AFFIDAVIT

I, the undersigned, do solemnly swear (or affirm) that the information on this application, including all attachments, is complete, accurate, and true.

\_\_\_\_\_  
Signature of Applicant

Commonwealth of Virginia  
City/County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_